



Buddy Bowling Unified League

Winter 2015, January 31 - April 18



Buddy Bowling is a unified bowling program that teams up bowlers with and without disabilities in a fun and friendly league format! Teams bowl two games weekly on Saturdays. Bowlers will qualify for a weekly prize drawing for a gift card of nominal value or similar items, and at the end of each season awards and prizes are presented!

- **Buddy Bowling League: ages 13 and older**
- **Junior Buddy Bowling League: ages 5 to 12**

The leagues consist of Bowlers (individuals with a disability) and Buddy Bowlers (individuals without a disability). Buddy Bowlers will be assigned to a team (if they do not have one already) and will take on a role similar to that of a team captain, participating as an active bowler and teammate while also providing assistance and guidance to other team members, as necessary. Bowlers are welcome to register their own teams of up to 4 or 5 bowlers. If a Bowler or a Buddy Bowler does not have a specific team they would like to join, they will be assigned to a team. Both leagues feature bumper and non-bumper divisions and ramps are provided for bowlers in need of assistance. If a bowler requires direct assistance or supervision it is requested that a supervising adult is present.

Due to the league nature of the program, it is highly recommended that interested individuals and teams register in advance in order to organize team assignments. Day of registration is accepted, but placement with preferred team at that point is not guaranteed. Download the registration form at www.tempe.gov/adaptedrecreation.

Who: Buddy Bowling League: ages 13 to Adult
Junior Buddy Bowling League: ages 5 to 12 years

When: Saturdays, January 31 - April 18
10:00am: practice start time; 10:20am: league start time

Where: AMF Tempe Village Lanes, 4407 S. Rural Road, Tempe (behind Denny's)

Fees: \$20 initial registration fee (Buddy Bowlers do not pay reg. fee);
\$6 weekly for two games & shoes

Reg. Code: 43104 (Buddy Bowling); 43106 (Junior Buddy Bowling)

Registration Options:

- | | |
|---|--|
| ⇒ Include completed registration form, registration fee payable to City of Tempe and mail to:
City of Tempe Adapted Recreation
Edna Vihel Center
3340 S. Rural Rd.
Tempe, AZ 85282 | ⇒ Register in person at: <ul style="list-style-type: none">• Pyle Adult Recreation Center
655 E. Southern Ave.• Recreation office
3500 S. Rural Rd., 2nd floor of Library• Or another City of Tempe facility |
| ⇒ Online registration:
http://www.tempe.gov/brochure | ⇒ Fax: 480.350.5161 (Attn: Josh Bell)
⇒ Day of at Buddy Bowling program site |



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Buddy Bowling Registration Form

Please check one:

☐ Bowler (\$20 registration fee)

☐ Buddy Bowler (no registration fee; please see the program description page for more info about being a Buddy Bowler)

Please check which league participant will be bowling in:

☐ Buddy Bowling League—ages 13 to adult (Reg. Code: 43104)

☐ Junior Buddy Bowling League—ages 5 to 12 (Reg. Code: 43106)

Participant Last Name	Participant First Name	MI	DOB
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Address	Apartment/Unit No.	City	Zip Code
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Phone (evening)	(work)	(cell)
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E-mail address (e-mail will only be used for program updates related to Buddy Bowling and City of Tempe Adapted Recreation programs)

Parent/Guardian's name	Phone
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Emergency contact name	Phone	Relationship
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IMPORTANT! Please mark an X if you require the following:

☐ bowling ramp ☐ bumpers for bowling lane (you may only use bumpers if entire team is a bumper team)

☐ **DO NOT** put me on a team that uses bumpers (if left unchecked you may be put on a team that uses bumpers)

Please note any other special assistance required:

Teams can have a max of five players. If left blank, you will be assigned to a team by staff. If you would prefer to be on the same team as someone else, please list their name(s) below:

1) _____ 2) _____

3) _____ 4) _____

— Please fill out payment and waiver information on the other side —

City of Tempe Adapted Recreation ■ 3500 S. Rural Rd., Tempe, AZ 85282 ■ www.tempe.gov/adaptedrecreation
Josh Bell, Recreation Coordinator ■ josh_bell@tempe.gov ■ Ph: 480.858.2469 ■ TDD: 480.350.5050



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Payment Info:

Amount Pd. _____ ☐ Cash ☐ Check # _____ Make checks payable to the **City of Tempe**.

☐ Credit Card # _____ / _____ / _____ / _____ Exp. Date ____ / ____

Security code (on back of card): _____

Credit Card Authorization Signature: _____

City of Tempe Buddy Bowling Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

Signature of Participant: _____ Date: _____

Parent/Guardian if participant is under age of 18